



## ACCESSIBLE CUSTOMER SERVICE FEEDBACK FORM

### Regarding provision of Goods and Services to Persons with Disabilities

*Thank you for visiting the Township of La Vallee. We value all of our customers and strive to meet everyone's needs.*

Please tell us the date and time of your visit: \_\_\_\_\_

Staff Member, Department or Service Location you visited: \_\_\_\_\_

Did we respond to your customer service needs today?

- YES
- NO

Was our customer service provided to you in an accessible manner?

- YES
- SOMEWHAT – Please explain: \_\_\_\_\_
- NO – Please explain: \_\_\_\_\_

Did you have any problems accessing our goods and services?

- YES – Please explain: \_\_\_\_\_
- SOMEWHAT – Please explain: \_\_\_\_\_
- NO

Please add any other comments you may have: \_\_\_\_\_

\_\_\_\_\_

Contact information (optional): \_\_\_\_\_

\_\_\_\_\_